

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

F M I D 0 0 8 9 6 6 6 0 8 1
1 2 13 14 15 T/A C

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

K A S I E I S T E E L A N D A L U M I N U M
30 69

IV. INSTALLATION MAILING ADDRESS

3 4 3 4 3 W Y O M I N G
15 16 45

Street or P.O. Box

4 D E A R B O R N M I 4 8 1 1 2 6
15 16 41 42 47 51
City or Town State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51
City or Town State Zip Code

VI. INSTALLATION CONTACT

2 S M I T H R O B E R T
15 16 45

Name (last and first)

3 1 3 - 9 4 3 - 2 5 0 0
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Robert Smith Plant Engr.

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	0	8	9	6	6	6	0	8	1
1	2										13	14	15

T/A C

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Waste Acid Services

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	7	4	2	5	9	5	6	5
16											28	

XI. FACILITY ADDRESS

6520 Georgia Street
Detroit MI 48213

XII. TRANSPORTATION SERVICES USED

Waste Acid Services
MID 074259565

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste Spent Sulphuric Acid	02	K0162	212115151081	G
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				

XIV. COMMENTS (enter information by section number—see instructions)

Density 9 lbs per gallon



Temporary to 12/28/80
I.D.# MIT 270011646

Kasle Steel
4343 Wyoming
Dearborn, Michigan 48146

001123 JAN 27 8

MID OA 396 6608

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)							
S	M	I	T	2	7	C	O	1	1	6	4	6	A	8	0	1	2	1	9
F																			
1	2	-	-	-	-	-	-	13	14	15			16	17	-	-	-	18	19

[illegible]

STREET OR P.O. BOX

[illegible]

CITY OR TOWN																ST.			ZIP CODE															
C																																		
4	D	e	a	r	b	o	r	n	.	M	i	c	h	i	g	a	n													4	8	I	4	6

STREET OR ROUTE NUMBER

C																				
5	S	A	M	E																
15	16																			

CITY OR TOWN																ST.	ZIP CODE			
C																				
6																				
15	16					-										40	41	42	43	44

NAME AND TITLE (last, first, & job title)

[illegible]

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL	M
M = NON-FEDERAL	26

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ 61 A. AIR ☐ 62 B. RAIL ☐ 63 C. HIGHWAY ☐ 64 D. WATER ☐ 65 E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

Temporary to 12/28/80

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.									
2	7	0	0	1	1	6	4	6	

DEC 19 1980



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

Temporary to 12/28/80
I.D.# MIT 270011646

I. NAME OF INSTALLATION

Kasle Steel
4343 Wyoming
Dearborn, Michigan 48146

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

MID 00 896 6608

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)							
F	M	I	T	2	7	0	0	1	1	6	4	6	A	8	0	1	2	1	9

I. NAME OF INSTALLATION

Kasle Steel

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

4343 Wyoming

CITY OR TOWN

Dearborn Michigan

ST.

ZIP CODE

48146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

6

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 SMITH ROBT. PLANT ENGR.

PHONE NO. (area code & no.)

313.943.2500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 KASLE STEEL AND ALUMINUM CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

Temporary to 12/28/80

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

MIT

C. INSTALLATION'S EPA I.D. NO.

270011646

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

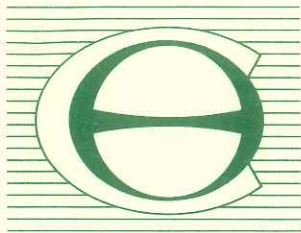
enter as new
notification

Date - 80/12/19

code 1

MIT 270 011 646

PRIORITY



CHEMICAL AND
ENVIRONMENTAL
ENGINEERING,
INCORPORATED

RENAISSANCE CENTER - TOWER 400 - SUITE 500 - DETROIT, MICHIGAN 48243
TELEPHONE: (313) 567-1966

Raymond J. Barker, P.E.
Seydou Diop, P.E.

December 19, 1980

Mr. Joseph Boyle
Environmental Protection Agency
Region V
Chicago, Illinois 60680

Dear Mr. Boyle:

Please find attached the "Notification of Hazardous Waste Activity" form for:

Kasle Steel and Aluminum Corp.
4343 Wyoming
Dearborn, MI 48146

This completed form contains two changes from the information transmitted to you in a telephone conversation with Mr. Bill McCarthy of Kasle Steel.

The first change is on line IV. The "Installation Contact" is listed as Robert L. Smith, not William McCarthy as verbally indicated.

The other change is indicated on line V. "Ownership" is listed as Kasle Steel and Aluminum Corporation. This replaces the name that was previously indicated.

I would like to take this opportunity to express my appreciation for your prompt and expeditious assistance in resolving Kasle Steel's problem.

Sincerely,

Raymond J. Barker

MEMBERS

Consulting Engineers Council
Engineering Society of Detroit
American Electroplaters' Society
Water Pollution Control Federation
American Institute of Chemical Engineers

MIT 270011646

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

S.E. Michigan Field Office
15500 Sheldon Road
Northville, MI 48167

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
E. R. CAROLLO
JACOB A. HOEFER
STEPHEN F. MONSMA
HILARY F. SNELL
PAUL H. WENDLER
HARRY H. WHITELEY

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

September 5, 1985

Mr. Michael Ulewicz
Plant Operations Manager
Kasle Steel
4343 Wyoming
Dearborn, Michigan 48146

RE: ~~MIT 270011646~~
MID 008966608

Dear Mr. Ulewicz:

On August 29, 1985, acting as a representative of the United States Environmental Protection Agency, I performed an inspection of your facility located at 4343 Wyoming, Dearborn, Michigan, to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

I have determined that your facility has no deficiencies of the requirements of RCRA in the areas reviewed during that inspection. However, there are some issues I'd like to place here for the record.

(1) The facility is listed by EPA under the above MIT number. This is not correct as the company has since been assigned the MID number. A copy of the EPA acknowledgement is attached.

(2) The facility must make certain the pickle liquor is removed immediately from the outside tank when placed there from the process tanks or it could be considered storage and place your site under full generator requirements. I would recommend compliance with the generator requirements anyway as it is sound management, especially considering the volume of waste handled by your site. The requirements basically address employee training on handling the material and how to prevent or respond to spills.

(3) The product acid storage tank is not regulated. Even so, it can also cause serious environmental problems. Being painted, it looked good but there appeared to be different layers of metal thickness. It is recommended that the facility have the tank inspected for metal thickness or strength particularly considering its size and being uncontained.


(4) The outdoor waste pickle liquor tank was well maintained and had a good plastic liner. It did not have a level guage or control. As

Mr. Michael Ulewicz
Re: MIT 270011646
MID 008966608
September 5, 1985
Page Two

an open top tank, spills could easily occur. If any do occur, it is a spill of hazardous waste and must be cleaned up immediately.

Thank you for the cooperation during my visit.

Sincerely,



Margaret A. Field's
Hazardous Waste Division

MAF:mlm

cc: U.S. EPA, Region V ✓
B. Okwumabua
attachment

MID 00 8.9 66608

RCRA Inspection Report

EPA Identification Number: MT 270011646

Installation Name: KASLE STEEL

Location Address: 4343 WYOMING

City: DEARBORN State: MI 48146

Date of inspection: 8/29/85 Time of inspection (from) 10AM (to) 12:00

Person(s) interviewed	Title	Telephone
<u>STEVE MANN</u>	<u>PERSONNEL SAFETY</u>	<u>(313) 943-2500</u>
<u>BILL MCCARTHY</u>	<u>SERVICE CENTER PLT-SUP</u>	

Inspector(s)	Agency/Title	Telephone
<u>MARGARET FIELDS</u>	<u>MDAR-HWD/WQS</u>	<u>(313) 459-9180</u>
<u>CHARLES ROBINSON</u>	<u>MDAR-LAW/ECO</u>	<u>(313) 459-1940</u>

Installation Activity (mark only one box) Inspection Form(s)

- | | |
|--|------|
| <input type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input checked="" type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

C.C. USEPA
COMPANY
BEND.

INSPECTION FORM B

KASLE STEEL

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	Yes	No	NI*	Remarks
(1) Does the generator have copies of the manifest available for review? 262.40	X			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>≈ 150</u>				
(3) Do the manifest forms examined contain the following information? (If possible, make 262.21 copies of, or record information from, manifests that do not contain the critical elements)				
a. Manifest document number?	✓			
b. Name, mailing address, telephone number, and EPA ID number of generator?	✓			
c. Name and EPA ID number of transporter(s)?	✓			
d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	✓			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	✓			
f. The total quantity of waste(s) and the type and number of containers loaded?	✓			
g. Required certification?	✓			
h. Required signatures?	✓			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>NA</u>				

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

Yes No NI Remarks

(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30

NA

(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site)

262.31 and 262.32

NA

(3) If required, are placards available to transporter? 262.33

X

** (4) Pre-shipment Accumulation:

** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.

a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34

NA

i. Is each container clearly marked with the date on which the period of accumulation began?

NA

ii. Have more than 90 days elapsed since the dates marked?

NA

iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?"

NA

iv. Are containers in good condition?

NA

v. Are containers compatible with waste in them?

NA

vi. Are containers managed to prevent leaks?

NA

vii. Are containers stored closed?

NA

viii. Are containers inspected weekly for leaks and defects?

NA

ix. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).

NA

Yes No NI Remarks

- x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.) NA
- xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? NA
- b. Is hazardous waste accumulated in tanks?
If no, skip to c. 262.34 (January 11, 1982 revision)
- i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 262.34 (January 1982 revision) X
- ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192 X NA Steel tank lined w/ plastic durable good condition liner
- iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? X
- iv. Do continuous feed systems have a waste-feed cutoff? NA Not Continuous But have overflow
- v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193 NA one mat only
- vi. Are required daily and weekly inspections done? 265.194
- vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198 NA
- viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199

Yes No NI Remarks

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers?

- d. Personnel training. 262.34 (a) 5

Do personnel training records include: 265.16

- i. Job Titles?

- ii. Job Descriptions?

- iii. Description of training?

- iv. Records of training?

- v. Did personnel receive the required training by 5-19-81?

- vi. Do new personnel receive required training within six months?

- vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training?

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31

Yes No NI Remarks

- ii. If required, does this facility have the following equipment: 265.32

Internal communications or alarm systems? _____

Telephone or 2-way Radios at the scene of operations? _____

Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? _____

Indicate the volume of water and/or foam available for fire control.

- iii. Testing and Maintenance of Emergency Equipment: 265.33

Has the owner or operator established testing and maintenance procedures for emergency equipment? _____

Is emergency equipment maintained in operable condition? _____

- iv. Has owner/operator provided immediate access to internal alarms (if needed)? _____

- v. Is there adequate aisle space for unobstructed movement? _____

- vi. Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility? _____

- f. Contingency Plan and Emergency Procedures 265 Subpart D

Does the contingency plan contain the following information:

- i. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) 265.52 _____

	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?	_____	_____	_____	_____
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.	_____	_____	_____	_____
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?	_____	_____	_____	_____
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	_____	_____	_____	_____
vi. Are copies of the Contingency Plan available at site and local emergency organizations?	_____	_____	_____	_____
vii. Is the facility emergency coordinator identified?	_____	_____	_____	_____
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	_____	_____	_____	_____
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	_____	_____	_____	_____
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?	_____	_____	_____	_____

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)
262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

a. Exporting Hazardous Waste, has a generator:

i. Notified the Administrator in writing?

ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

iii. Met the Manifest requirements?

b. Importing Hazardous Waste, has the generator met the manifest requirements?

Remarks:



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MID008966608

ACKNOWLEDGEMENT

KASLE STEEL
4343 WYOMING
DEARBORN

MI 48146

INSTALLATION ADDRESS

4343 WYOMING
DEARBORN

MI 48146

EPA Form 8700-12B (4-80)

07/06/84

7/6/84
mo



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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EPA I.D. NUMBER

• MID008966608

KASLE STEEL
4343 WYOMING
DEARBORN

MI 48146

INSTALLATION ADDRESS

4343 WYOMING
DEARBORN

MI 48146

EPA Form 8700-12B (4-80)

09/27/85

m 9/30/85



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

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ACKNOWLEDGEMENT

INSTALLATION ADDRESS

KASLE STEEL
4343 WYOMING
DEARBORN

MI 48146

4343 WYOMING
DEARBORN

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